

031504

13146 U.S. PTO

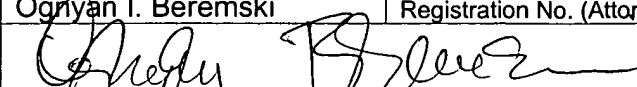
PTO/SB/05 (08-00)

Approved for use through 10/21/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) in this box

Under the Paperwork Reduction act of 1995, no persona are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 13912US04	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor Ichiro Fujimori	
		Title System And Method To Reduce Noise In A Substrate	
Express Mail Label No. EV 303829639 US			
APPLICATION ELEMENTS		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Washington, DC 22313-1450	
See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO:	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-Rom or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 13] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]		ACCOMPANYING APPLICATION PARTS	
5. Oath or Declaration [Total Pages 2] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Remarks 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: <input type="text"/>	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 10/294,880			
Prior application information: Examiner: Phat X Cao Group/Art Unit: 2814			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number		23446	
		or <input type="checkbox"/> Correspondence address below	
Name	Christopher Winslade		
Address	McAndrews, Held & Malloy		
	500 West Madison, Suite 3400		
City	Chicago	State	IL
Zip Code	60661		
Country	USA	Telephone	(312) 775-8000
Fax	(312) 775-8100		
Name (Print/type)	Ognyan I. Beremski	Registration No. (Attorney/Agent)	51,458
Signature			Date: March 15, 2004

16834 U.S. PTO
10/801260

031504



13146 U.S. PTO

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004 Patent Fees are subject to annual revision.		Complete if Known	
		Application Number	Unassigned
		Filing Date	Herewith
		First Named Inventor	Ichiro Fujimori
		Examiner Name	Phat X. Cao
		Group Art Unit	2814
TOTAL AMOUNT OF PAYMENT	(\$770.00	Attorney Docket No.	13912US04

METHOD OF PAYMENT		FEE CALCULATION (continued)																																											
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																																											
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																													
FEE CALCULATION																																													
1. BASIC FILING FEE																																													
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing Fee</td><td>770.00</td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing Fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$770.00)</td></tr></tbody></table>		Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	1001	770	2001	385	Utility filing Fee	770.00	1002	340	2002	170	Design filing Fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					(\$770.00)		
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid																																								
1001	770	2001	385	Utility filing Fee	770.00																																								
1002	340	2002	170	Design filing Fee																																									
1003	530	2003	265	Plant filing fee																																									
1004	770	2004	385	Reissue filing fee																																									
1005	160	2005	80	Provisional filing fee																																									
SUBTOTAL (1)					(\$770.00)																																								
2. EXTRA CLAIM FEES																																													
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>15 - 20** =</td><td>0 x</td><td></td><td></td></tr><tr><td>Independent Claims 1 - 3** =</td><td>0 x</td><td></td><td></td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	15 - 20** =	0 x			Independent Claims 1 - 3** =	0 x			Multiple Dependent																															
Total Claims	Extra Claims	Fee from below	Fee Paid																																										
15 - 20** =	0 x																																												
Independent Claims 1 - 3** =	0 x																																												
Multiple Dependent																																													
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>18</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>86</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>290</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>86</td><td>**Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>(\$)</td></tr></tbody></table>		Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	1202	18	2202	18	Claims in excess of 20		1201	86	2201	86	Independent claims in excess of 3		1203	290	2203	290	Multiple dependent claim, if not paid		1204	86	2204	86	**Reissue independent claims over original patent		1205	18	2205	9	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$)		
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid																																								
1202	18	2202	18	Claims in excess of 20																																									
1201	86	2201	86	Independent claims in excess of 3																																									
1203	290	2203	290	Multiple dependent claim, if not paid																																									
1204	86	2204	86	**Reissue independent claims over original patent																																									
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent																																									
SUBTOTAL (2)					(\$)																																								
**or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid																																											
		SUBTOTAL (3) (\$)																																											

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Ognyan I. Beremski	Registration No. (Attorney or Agent)	51,458
Signature		Telephone	(312) 775-8000
		Date	March 15, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.